

BEST AVAILABLE COPY

STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		70017	12-19-0
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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